

Evening. Enema operated well, and gave sensible relief.

Wednesday morning, 28th. Passed a sleepless night; increased abdominal swelling and tenderness; pulse 105; increased thirst; regurgitation of drinks from the stomach. Evening. Thirst and fever augmented; howels tympanitic, with almost constant surging of wind, and regurgitation from the stomach.

Thursday morning, 29th. Passed a very restless and uncomfortable night; pulse 112, with increased tympanitis, tenderness, &c.; regurgitation of yellow bile; sufferings augmented by bronchial irritation and cough. Directed an ounce of castor-oil to be given with a drachm of oil of turpentine. Evening. Cathartic operated powerfully, and with great relief to the patient; pulse 105: howels softer, and less tender; all the symptoms better.

Friday morning, 30th. Had a good night, with some quiet sleep; pulse 105. In the afternoon, all the distressing symptoms before enumerated returned with increased severity, and continued till 10 P. M., when a spontaneous diarrhœa came on, with very decided relief to the patient.

Saturday morning, Oct. 1. Pulse 100; diarrhœa continues; symptoms more favourable; patient pronounces herself better.

Sunday morning, 2d. Patient better; diarrhœa continues, but not to such a degree as to require any interference.

Monday morning, 3d. A decided improvement in every respect; all the symptoms highly favourable.

The patient continued to improve daily. The mercurial ointment was discontinued on the tenth day, having made a decided impression upon the system. The external wound, at that time, had united at several points, and presented a healthy appearance. The convalescence was rapid and uninterrupted. The patient was able to sit up on the fourth week, to walk about her chamber on the fifth, and to resume her domestic duties on the seventh.

At the present time, more than four months since the operation, Mrs. Hickey is in excellent health, and fully competent to discharge all the duties—laborious as some of them are—which belong to her humble condition in life.

In conclusion, I would briefly state that, in the treatment of this case, the mercurial impression was chiefly relied upon in its controlling effect upon inflammatory action. Opiates, in some form, were daily administered, and repeated as often as the comfort of the patient required them. The diarrhœa, which I attributed, in a great degree, to the action of the mercurial ointment, superseded the use of cathartics. Perfect quiet and rest were enjoined, and strictly observed. The diet, for the first two weeks, consisted of mucilaginous drinks, and occasionally of weak table tea. She afterwards partook freely and with great relish of grapes, and, on the twentieth day, of weak animal broths.

To my friends, Drs. Davis and Thomas, I am greatly indebted for very valuable assistance rendered at the time of the operation, and during the subsequent treatment.

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ART. X.—*Case of Puncture of the Bladder through the Symphysis Pubis.*  
By D. LEASURE, M. D., New Castle, Pa.

ON the morning of the 15th of July, 1853, I was called to Mr. P., aged 72, of Neshanock Falls, who laboured under retention of urine.

Mr. P. has had for some years stricture of the urethra, and on several occasions resort was had to the catheter, the introduction of which, I believe,

was attended by no difficulty or inconvenience, though I have no personal knowledge of the case previous to my present visit.

Yesterday evening he was suddenly seized with retention of urine, and after waiting and trying such domestic remedies as had given relief on former occasions, he sent for his family physician, Dr. S. POPINO, of New Wilmington, who remained with him during the night, and made repeated attempts to pass a catheter, but, failing in all his efforts, he sent an express for me, with the warning that I should come prepared to puncture the bladder. I found the patient at nine o'clock in the morning of the 15th suffering extreme pain, and making frequent and violent efforts to void his urine, but unsuccessful in every instance.

The bladder was enormously distended, rising up nearly to the umbilicus, and, in short, presenting all the most urgent symptoms of a case of imminently dangerous retention. Dr. POPINO and myself again resorted to all the measures within our reach, before adopting the ultimatum of puncturing the bladder, a measure to be doubly deprecated on account of the age of our patient. In attempting to pass the catheter, we found difficulty, from a stricture about an inch from the orifice of the urethra, and from another about two inches further in its course, and from enlarged prostate. By care and patience, and cautious manipulations, we could pass the two former points, but by no amount of perseverance could we pass the instrument beyond a point immediately behind the prostate. By introducing a finger into the rectum, we could distinguish and guide the instrument past the prostate a very short distance, and no farther; owing, possibly, to the extreme distension of the bladder having dragged its neck upwards so as to change materially the anatomical relation of the parts, and thus prevent the introduction of any instrument, without resorting to unjustifiable violence. We bled the patient, *ad deliquium*, while in a hot bath, and then attempted to pass the instrument, but here we also failed, and, after exhausting all our resources, we decided to tap the bladder. This we had finally consented to do at the urgent solicitation of the patient, a man of more than ordinary nerve, and what is better, good common sense.

He was well aware of his desperate situation, and knew the dangers of the proposed means of relief, but there was no hesitation as to what should be done under the circumstances. For reasons not necessary to be entered upon here, I decided on the puncture through the symphysis pubis, and while the patient lay on his back, having carefully shaved the pubis, I introduced a thumb lancet through the skin and cellular tissue down to the symphysis; then taking the small common hydrocele trocar, with its canula, I passed it from a point about three lines above the centre of the arch, in a direction, pointing towards the promontory of the sacrum, with a slightly boring motion, after the manner of boring with a carpenter's sprigging awl, until, from having ceased to meet with any resistance for the last three-quarters of an inch, I felt secure the instrument was fairly in the bladder.

On the withdrawal of the trocar, the urine spouted out through the canula to the height of three feet; so great was the pressure from the walls of the distended organ. We drew off four pints in this way, and the patient expressed himself as being entirely relieved. We did not think it prudent to attempt to pass a sound at this time, but placed a little wooden plug in the canula, and left it, with directions to withdraw the plug every two hours, and allow the accumulated urine flow to out. The patient took eight grains of Dover's powder, and was left till morning.

16th. Patient passed a comfortable night. The urine was drawn off, by

the canula, several times during the night, but for the last six hours no urine would flow on the withdrawal of the plug, and the bladder was again distended and painful, with constant desire to micturate. We now attempted to pass a sound and catheter, but failed at the same point where we failed yesterday. I now passed a silver probe down through the canula, and found that the lower end of it had become plugged up by the mucous membrane of the bladder, which acted after the manner of a valve, and prevented the urine from passing out through it.

I passed a silver wire, doubled on itself, down through the canula, when the water was discharged through the space between the wire, but not in sufficient quantity to give speedy relief. I then passed the probe through the canula, and found the distance from the end of that tube, in the bladder, to the posterior wall of the viscus, to be two inches and a half. Withdrawing the probe, I introduced the trocar home, and pushed it, with the canula, an inch farther; and, on the withdrawal of the trocar, the urine flowed freely as before. After permitting one pint to pass off in this way, I attempted the introduction of a small sound through the urethra, and succeeded without any difficulty. I then withdrew the sound, and introduced a small elastic catheter, through which the urine passed guttatum. Withdrawing it, I passed a medium-sized elastic catheter, through which two pints more of water passed off. We now secured the catheter in the bladder, and withdrew the canula, after having remained twenty-six hours. A plug was placed in the free end of the catheter, which we directed to be taken out every two hours, to permit the urine to flow off, so as not to distend the bladder. The wound made by the trocar gave no pain, and was dressed by a little bit of isinglass plaster.

17th. Patient very much relieved; passed a comfortable night, and has some appetite this morning; urine has been drawn off every two hours. The wound made by the trocar looks well; gives very little pain, and no urine has passed out through it. The catheter was withdrawn, and a fresh one introduced, as the urine had partially dissolved the gum of the one used, and a somewhat troublesome experience has taught me that a partially dissolved gum-catheter is not quite a fit instrument to leave in an already irritated urethra. The catheter was left as before, and a laxative of castor oil ordered at night, to be repeated in the morning, if necessary.

18th. Patient doing well; had a good night, and oil operated twice this morning; urine has been drawn off several times during the night, and every two hours to-day. No pain or inconvenience at the seat of the puncture, which looks healthy, and the patient expresses himself as feeling quite well indeed. After allowing the urine contained in the bladder to pass off through the catheter, it was withdrawn, and left out until the return of Dr. POPINO, six hours afterwards; when, as no urine had passed, he introduced it, and emptied the bladder. The catheter was withdrawn and left out, with directions to a son of the patient, a gentleman of much intelligence and considerable ingenuity, to pass the instrument if his father should not succeed in micturating after two or three trials.

19th. Patient continues better; his son has drawn off the water twice since our visit yesterday, and there were not more than six ounces each time. He feels a disposition to urinate now, and not being able to accomplish it, the catheter is again resorted to, and about six ounces of urine drawn off. The wound in the pubis appears to give no inconvenience; indeed, he never seems to think of it, unless he is asked about it.

He now drew our attention to a soreness and enlargement of the right testis, which, he says, annoyed him for some time previous to the accession of his

last trouble, as he calls his retention. He says that, two years ago, he suffered from a very severe attack of what I suppose to have been some form of orchitis, but he says it did not suppurate, though it was enormously swollen and exquisitely painful. It yielded slowly to antiphlogistic treatment, but has remained slightly enlarged ever since, and now seems a little indurated.

At this period, I discontinued my visits, and left him in the care of his family physician, whose near residence enabled him to visit him frequently, while the distance of my residence, and numerous duties, made it impossible for me to watch the case from day to day.

30th. I have been sent for to visit the patient under a new set of symptoms. He draws off his water with the catheter once or twice a day, and passes some, naturally, in the mean time; but the tone of the bladder has, probably, been weakened by the enormous distension to which it was subjected previous to the operation; so that it does not appear to contract sufficiently to entirely empty itself. However, he does not appear to suffer much inconvenience from his urinary difficulties, but the orchitis has turned out more gravely than we anticipated. There has been extensive suppuration within the tunica vaginalis, and pus is now discharging through an opening in the scrotum; and, in addition to this, there has been extensive angioloecitis extending from the scrotum down the course of the great lymphatics of the thigh, and three large deposits of pus, between the groin and knee are ready for the bistoury. He has a most distressing cough, with hectic and night-sweats, and we fear the deposition of pus in the lungs, and, possibly, other internal organs. The wound made by the trocar is also discharging pure pus, but no urine; and the region of the pubis is considerably swollen, and somewhat boggy. I passed a probe through the passage made by the trocar, till it came in contact with the cellular tissue underlying the symphysis, but it would not enter the bladder; nor did its introduction cause much pain.

The abscesses on the inner side of the thigh were evacuated by the bistoury and a yeast poultice applied to the pubis, and the patient put on a liberal allowance of wine, with four grains of the sulphate of quinia, and eight of Dover's powder every six hours, with egg-toddy and beef-tea *ad libitum*.

August 8. Abscesses on the thigh exhausted and nearly healed; scrotum has ceased to discharge; the cough still very troublesome, and this morning he coughed and spat up about half a pint of pus and blood. In doing this, he came near strangling from the suddenness and copiousness of the discharge. He is still coughing up pus, mixed with blood, some eight hours after the first gush in the morning; and the sputa are mixed with what seems to be shreds of decayed cellular membrane (it proved to be such under the microscope), and I inferred that there had been a deposition of pus in the lungs, which had produced its characteristic abscess, the sudden bursting of which came so near proving fatal. The puncture in the pubis has assumed a more healthy appearance, and, though still discharging, gives little inconvenience. In the absence of Dr. POPINO, I ordered the wine to be continued, with the substitution of hark for the quinia (the Dover's powder had been discontinued for some time), and roast beef instead of the beef-tea, with a half pint of egg-toddy, containing a large tablespoonful of brandy as a dessert.

September 6. Visited the patient to-day for the first time since the 8th of last month. Found him a good deal emaciated, and quite weak, but able to rise from his sofa and assist himself to a chair; appetite not so good as at my last visit; cough nearly gone, and very little expectoration. The sores have all ceased to discharge, except the puncture at the symphysis, which, though nearly closed, seems to remain open more from the general depreciation of

vitality in the whole system than from any vice in itself. I discontinued the wine, and doubled the quantity of the brandy, directing it to be taken, with a tablespoonful of cod-liver oil, an hour and a half after each meal. Diet to consist of game, beef steaks and mutton chops, with fresh milk and eggs. From this time, he steadily improved until now. At the present time (November 1), he is able to walk about and see to his affairs, though he has been twice threatened with a return of his orchitis, owing to imprudence in assisting, with his own hands, in some of the more laborious occupations about the house and gardens. He has no difficulty in urinating, and the puncture at the symphysis has been entirely healed for some time. Of course, during so long an illness, presenting so many phases, a great variety of treatment was adopted to meet the various indications; but it is sufficient to say, that general principles, familiar to the profession, were closely adhered to; and the result proves that, under the most unfavourable circumstances of age, previous disease, and unlooked-for complications, the puncture of the urinary bladder through the symphysis pubis, in this instance, proved both safe and salutary.

As far as the operation itself is concerned, it is very simple. There are no very important parts to be penetrated; nor is there any danger of wounding neighbouring organs, as in the puncture per rectum, and there need be no possibility of wounding the peritoneum, as in the supra-pubic operation; and in the present case, the pain was almost entirely confined to the first puncture through the skin. This mode of tapping the bladder has not been very frequently tried, I believe, either in this country or abroad, and, if it should prove, after a fair trial, to be even as safe as the puncture by the rectum, it must prove of great benefit to a class of patients who sometimes suffer greatly from being placed in the hands of practitioners who have not the properly shaped instrument to operate by the rectum, and whose confidence in themselves is too feeble to permit them to undertake it.

ART. XI.—*Ovarian Tumour of twelve years' standing, weighing forty-one pounds, and containing a large bony substance—successfully operated on.*

By J. TAYLOR BRADFORD, M. D., of Augusta, Kentucky, and A. DUNLAP, M. D., of Ripley, Ohio.

My first visit to Miss H., of Mayslick, Ky., the subject of the present operation, was about the 25th of May. She had just returned from Lexington, Ky., where she and her family physician, Dr. Basil C. Duke, of Mayslick, had been for medical advice. Dr. Duke says, in a publication made by him: "When I became satisfied that it was a case of ovarian tumour, I insisted on Miss H.'s visiting some of the most distinguished surgeons; and I visited Lexington, Kentucky, in company with her, for the purpose. She was advised by all those to whom she applied, not to submit to the operation, as they looked upon it as hopeless."

Miss H. is twenty-one years of age, of medium stature, light hair, blue eyes, fair complexion, sprightly and intelligent. She had been a prey to the disease for *twelve years*, during which time she had subjected herself to varied and almost continued medical treatment, from different physicians. She stated to me that, whilst under a course of dieting, and such medicines as